

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILED DATE
						APPLICANT(S)	
4-7-77						CLAIMS	
	AD FILED		APPLICANT AUTHORITY		APPLICANT AUTHORITY		
	CID	DEP	CID	DEP	CID	DEP	
1							31
2	1		1				32
3		1		1			33
4		3		1			34
5	1		1				35
6		1		1			36
7		1		1			37
8		1		1			38
9		1		1			39
10		1		1			40
11		1		1			41
12		1		1			42
13		1		1			43
14		1		1			44
15		1		1			45
16		1		1			46
17		1		1			47
18		1		1			48
19		1		1			49
20		1		1			50
21		1		1			
22		1		1			
23		1		1			
24		1		1			
25		1		1			
26		1		1			
27		1		1			
28		1		1			
29		1		1			
30		1		1			
31		1		1			
32		1		1			
33		1		1			
34		1		1			
35		1		1			
36		1		1			
37		1		1			
38		1		1			
39		1		1			
40		1		1			
41		1		1			
42		1		1			
43		1		1			
44		1		1			
45		1		1			
46		1		1			
47		1		1			
48		1		1			
49		1		1			
50		1		1			
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS						TOTAL CLAIMS	